CALIFORNIA WING – APPLICATION FOR CAP ACTIVITY

CAP ID NUMBER (6 DIGITS)	REGION	WING	GROUP	SQUADRON	CHARTER #	☐ CADET ☐ SENIOR	☐ MALE ☐ FEMALE
	PCR	CA	3	45	007		

NAME (LAST, FIRST MIDDLE INITIAL)	CAP GRADE	DATE JOINED CAP MMM-YYYY	HOME TELEPHONE (WITH AREA CODE)

MAILING ADDRESS (NUMBER & STREET)	APARTMENT OR SPACE NUMBER	BUSINESS TELEPHONE (WITH AREA CODE)

CITY	STATE	ZIP CODE	CELL PHONE NUMBER (WITH AREA CODE)

DATE OF BIRTH (dd MMM yy)	HEIGHT	WEIGHT	SCHOOL GRADE (CADETS ONLY)	EMAIL ADDRESS

ACTIVITY REQUESTED (ONE ACTIVITY PER APPLICATION, PLEASE)	**LOCATION**	**DATE (dd-MMM-yy)**

RELIGIOUS PREFERENCE	ARE YOU INTERESTED IN ATTENDING RELIGIOUS SERVICES IF AVAILABLE? YES ☐ NO ☐	**Cadet Protection Training (18 AND OLDER ONLY)** Completed ☐ Will be completed by activity ☐

TRANSPORTATION: ***ARRIVE*** BY: PRIVATE VEHICLE ☐ CAP VAN ☐ TRAIN ☐ BUS ☐ AIRPLANE ☐ DRIVER'S NAME:	SCHEDULE/FLIGHT/ARRIVAL LOCATION

TRANSPORTATION: ***RETURN*** BY: PRIVATE VEHICLE ☐ CAP VAN ☐ TRAIN ☐ BUS ☐ AIRPLANE ☐ DRIVER'S NAME:	SCHEDULE/FLIGHT/DEPARTURE LOCATION

I WOULD LIKE TO ATTEND THIS ACTIVITY AS A:

☐ Student/Participant
☐ Cadet Staff Member – POSITION REQUESTED :
☐ Senior Staff Member – POSITION REQUESTED: _____

T-SHIRT SIZE
(SOME ACTIVITIES MAY PROVIDE T-SHIRTS)

S ☐ M ☐ L ☐ XL ☐ 2XL ☐

Special Meals Required *(Special meals may not be able to be accommodated)* What kind?

SENIORS ONLY - PARTICIPATION: Full-Time ☐ Part-Time ☐ Part-Time Dates:

PAYMENT OF EVENT FEES:

I have included payment of $ in the form of: Cash: ☐ Check: ☐ Money Order: ☐

Credit Card: ☐ (attach/enclose CAWGF14 or online receipt)

CAWG Use Only

Comments:

Emergency Contact During Activity – Parent, Guardian, or closest relative to be contacted in case of emergency	**Daytime Phone – MUST be available during activity**	**Evening Phone – MUST be available during activity**

CAWGF150 (Version 1.03 – 08/08) Replaces CAWGF31 which is obsolete

mmp-ajg

NAME (LAST, FIRST MI)	☐ CADET ☐ SENIOR	CAPID	ACTIVITY	DATE OF ACTIVITY

RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity or encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place of residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in such activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

_____ _____ _____

Social Security Number – Only if requested | DATE | SIGNATURE OF APPLICANT

RELEASE BY PARENT OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above, in consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/ encampments or continuances thereof, as well as all ground and flight operations incident thereto.

In addition, by my signature below, I certify the applicant:

1. Is my child or ward.
2. Has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form and is able to participate without the physical/emotional support of others. Also, he/she is capable of taking any prescribed medications without supervision.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If he/she does not follow the activity/encampment rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity director at my expense.
4. Should firearms training be offered as outlined in CAPR 52-16, permission is hereby given for the applicant to participate.

However, in case of injury, disease or other illness, permission is hereby granted to treat the participant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

_____ _____ _____

DATE | FATHER OR LEGAL GUARDIAN | WITNESS FOR FATHER'S SIGNATURE
(Must be signed by adult other than parent/legal guardian)

_____ _____ _____

DATE | MOTHER OR LEGAL GUARDIAN | WITNESS FOR MOTHER'S SIGNATURE
(Must be signed by adult other than parent/legal guardian)

UNIT COMMANDER'S CERTIFICATION

To my knowledge:

1. I certify that **ALL** of the information on this form is complete and correct.
2. This applicant meets the activity prerequisites and is prepared to attend this activity.
3. This applicant has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
4. This applicant will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If he/she does not follow the activity/encampment rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity director at **parental or unit expense.**

_____ _____ _____

ACTIVITY/LOCATION | DATE | UNIT COMMANDER'S SIGNATURE

MEDICAL INFORMATION (FOUO) - TO BE COMPLETED BY ALL APPLICANTS

NAME OF PARTICIPANT (Last, First Middle Initial)	☐ CADET ☐ SENIOR	☐ MALE ☐ FEMALE	CAPID

ACTIVITY	LOCATION	DATES

DO YOU CURRENTLY USE ANY MEDICATION? (Including eye drops) ☐ NO ☐ YES (List any medication taken and the reason in the remarks section.)

HAVE YOU BEEN INVOLVED IN AN ACCIDENT REQUIRING MEDICAL TREATMENT IN THE PAST FIVE YEARS? ☐ NO ☐ YES (Explain the extent of your injuries and treatment required in the remarks section.)

MEDICAL TREATMENT WITHIN THE PAST FIVE YEARS OTHER THAN REGULAR OFFICE VISITS OR PHYSICALS? ☐ NO ☐ YES (Explain the extent of your injuries and treatment required in the remarks section.)

HAVE YOU HAD OR HAVE NOW ANY OF THE FOLLOWING? (If yes is answered on any items, please explain why in the remarks section with dates and physician(s) consulted (if any). Items not specifically noted below having the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.)

1. Tuberculosis ☐ N ☐ Y	10. Knee trouble (locking, giving out, pain, etc.) ☐ N ☐ Y	19. Period of unconsciousness or concussion ☐ N ☐ Y
2. Asthma or breathing problems related to exercise, weather, pollens, etc. ☐ N ☐ Y	11. Knee or foot surgery ☐ N ☐ Y	20. Heart trouble or murmur ☐ N ☐ Y
3. Shortness of breath ☐ N ☐ Y	12. Any need to use corrective devices such as prosthetic devices, braces, back supports, lifts, etc.) ☐ N ☐ Y	21. Nervous trouble (anxiety or panics attacks) ☐ N ☐ Y
4. Wheezing or problems with wheezing ☐ N ☐ Y	13. Stomach, liver, intestinal trouble, or ulcer ☐ N ☐ Y	22. Depression or excessive worry ☐ N ☐ Y
5. Been prescribed or used an inhaler ☐ N ☐ Y	14. High or low blood sugar ☐ N ☐ Y	23. Inability to stand, sit, kneel, lie down, etc. ☐ N ☐ Y
6. Ear, nose, or throat trouble ☐ N ☐ Y	15. Adverse reaction to serum, food, insect sting/bites, or medicine ☐ N ☐ Y	24. Any drug or narcotic habit ☐ N ☐ Y
7. Painful shoulder, elbow, or wrist (pain, dislocation, etc.) ☐ N ☐ Y	16. Frequent or severe headaches ☐ N ☐ Y	25. Attempted suicide ☐ N ☐ Y
8. Impaired use of arms, legs, hands, or feet ☐ N ☐ Y	17. Seizures or convulsions; epilepsy ☐ N ☐ Y	26. Severe menstrual cramps ***(Females only)*** ☐ N ☐ Y
9. Chronic or recurring injuries ☐ N ☐ Y	18. Motion sickness ☐ N ☐ Y	27. Are you currently in good health ☐ N ☐ Y

IMMUNIZATIONS ☐ Up-to-Date ☐ Exceptions:	MEDIC ALERT® ID NUMBER (If worn):

FAMILY / PRIMARY PHYSICIAN	Address	Phone

MEDICAL INSURANCE INFORMATION

COMPANY:

POLICY NUMBER:

INSTRUCTIONS FOR CAPF150-MED)

Completed Medical Information Forms are For Official Use Only (FOUO). Information gathered in this form shall not be accessed by anyone without a need-to-know, such as: project officers, activity commanders, medical officers and physicians. The project officer/commander is responsible to properly protect this sensitive medical information.

Emergency Contact During Activity – Parent, Guardian, or closest relative to be contacted in case of emergency	Daytime Phone – MUST be available during activity	Evening Phone – MUST be available during activity

REMARKS (Please include any drug or food allergies and all prescription or OTC medication. Describe what the medication is treating and severity of food allergies, if any. This information is very important to treating physicians).